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CARE OF MENTAL DEFECTIVES, THE INSANE, AND ALCOHOLICS IN SPRINGFIELD, ILLINOIS

A STUDY BY THE NATIONAL COMMITTEE FOR MENTAL HYGIENE

WALTER L. TREADWAY, M.D.
Assistant Surgeon, U. S. Public Health Service

THE SPRINGFIELD SURVEY
MENTAL HYGIENE SECTION

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CARE OF MENTAL DEFECTIVES, THE INSANE, AND ALCOHOLICS IN SPRINGFIELD, ILLINOIS.

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SPRINGFIELD SURVEY EXHIBITION:

Findings and recommendations of the Survey were presented in an Exhibition in Springfield, under the direction of E. G. ROUTZAHN, Associate Director, Department of Surveys and Exhibits; MARY SWAIN ROUTZAHN, Exhibition Director; and WALTER STOREY, Director of Design and Construction.

SE8

CARE OF MENTAL DEFECTIVES, THE INSANE, AND ALCOHOLICS IN SPRINGFIELD, ILLINOIS

A STUDY BY THE NATIONAL COMMITTEE FOR MENTAL HYGIENE

WALTER L. TREADWAY, M.D.
Assistant Surgeon, U. S. Public Health Service

THE SPRINGFIELD SURVEY
MENTAL HYGIENE SECTION

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FOREWORD.

It was considered desirable to include in the social survey of Springfield a special study of the methods employed in dealing with mental deficiency, insanity, and alcoholism. While mental deficiency seems most obviously related to educational issues, and insanity and alcoholism to the question of caring most efficiently for the sick, there are in reality few of the social activities of a community which do not have to deal at some time with abnormal mental conditions.

Defects and disorders of the mind lead frequently to conflicts with the environment. As our chief mechanism for dealing with individuals who come into conflict with their environment is that constituted by the courts and the police, the problem of mental deficiency very often complicates that of crime. The relief of such long-continued illness as insanity, usually tests, sooner or later, most of the different agencies of a community for the treatment of the sick and the care of the dependent. A careful study of the methods employed in dealing with mental deficiency and insanity throws light, therefore, upon the efficiency of many social agencies with which they do not, at first glance, seem especially concerned.

As mental deficiency and insanity constitute a special field in social work as well as in medicine, the National Committee for Mental Hygiene was requested to outline the scope and provide the expert services for conducting this part of the Springfield Survey. Through the courtesy of Surgeon General Rupert Blue of the United States Public Health Service, it was possible for the National Committee for Mental Hygiene to secure the services of Dr. Walter L. Treadway, a commissioned medical officer of that corps, to make this special study. Dr. Treadway brought to his task not only special knowledge of mental diseases and mental deficiency but personal familiarity with

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local conditions, through the fact that, before entering the government service, he had been a member of the medical staff of the Jacksonville State Hospital for the Insane which receives patients from the city of Springfield.

The time at Dr. Treadway's disposal was too limited to permit an intensive study of any of the phases of mental deficiency and insanity dealt with by the social and civic agencies of Springfield, but his general survey of the situation and the recommendations which he makes in his report for dealing with these conditions more effectively and more humanely cannot fail to impress those who desire to see this city meet its obligations to the most unfortunate of its citizens and take its place among the communities which are dealing with the problems of their care with progressiveness, enlightenment, and definite purposes.

Dr. Treadway desires to express his thanks to those who so kindly aided him in his investigations in Springfield: to the board of education and teachers in public schools for co-operation in the study of the problem of mental deficiency; to Judge J. B. Weaver of the county court, Dr. H. B. Carriel, superintendent of the Jacksonville State Hospital, Dr. George A. Zeller of the state board of administration, and especially Dr. Frank P. Norbury, whose interest in the care and welfare of the insane of Illinois was of invaluable aid in his investigation of the needs of the insane of Springfield; to the city and county officers who assisted in obtaining information relative to alcoholism; and to Zenas L. Potter of the Department of Surveys and Exhibits, Russell Sage Foundation, whose interest in delinquency materially aided Dr. Treadway in studying mental deficiency in this relation

THOMAS W. SALMON, M.D.
Director of Special Studies, National Committee for Mental Hygiene.

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I. MENTAL DEFECTIVES

An inquiry was made into the facilities for detecting mental deficiency in the school children of Springfield and also into the methods employed in dealing with the child of sub-normal mentality in the schools, in the courts, and in the community. The relation of mental deficiency to delinquency, dependence, and immorality is vastly more important in the years of adult life than in childhood, but the phases of the problems which present themselves in the years of school life are more readily manageable and the school population constitutes practically the only group to which we have access for satisfactory investigation. It was thought wise, therefore, to devote practically all of the brief time at my disposal in this inquiry to questions particularly affecting mentally defective school children.

It may serve to make the report more understandable and the significance of the findings more apparent if a few general facts regarding mental deficiency are very hastily reviewed. Mental deficiency, or feeble-mindedness, as it is more often termed, has been defined as a lack of normal mental capacity due to defective development of the brain. While by far the greater proportion of those who are mentally defective are so because of conditions which existed at birth or because of injury sustained by the brain during birth, it is proper to include also those in whom mental development is arrested or retarded by illness or injury during the early years of childhood.

Mental enfeeblement from such interference with the normal development of the brain varies from the most profound degree, in which there is but the faintest glimmer of intelligence, to that in which the defect is apparent only in the highest levels of mental activity and which is not at all incompatible with ability to acquire a large store of information. Those with the severest types of mental deficiency are termed idiots and, happily, their number is comparatively few.

Other degrees of mental defect are classified differently by those who approach the problems from different points of view. Those engaged in educational work usually prefer a classification which is based upon a comparison between the actual age of the person in question and his "mental age"; that is, the age of a "normal" child who has about the same degree of intelligence. The average mental development of normal children at different ages has been determined largely by various psychological tests, the best known and most widely used being the Binet-Simon tests.

Our conception of average or "normal" mental development being based upon the results of these tests, a classification has been devised which designates as idiots those whose "mental age" is not more than three years; imbeciles, those whose mental age is from three to seven years; and morons, those whose mental age is from eight to twelve years, the actual age in years being disregarded. The chief faults of this classification are that it is based upon a rather unsatisfactory conception of the "normal" mental development of children and that it does not take into account the very unequal development in different mental fields which is quite frequently observed in normal persons as well as in the mentally defective. This classification is in very wide use, however, and thus it has come to possess the advantage of forming a basis for comparison between different groups of persons examined.

It is not surprising that the person whose intelligence develops only to a degree attained by the average child of eight or ten or twelve is always a misfit in a form of society which has been arranged for people whose minds continue to develop until the retrogressive changes of old age begin. In the schools, while decidedly a misfit, his shortcomings are readily recognized and no more is demanded than his defective brain enables him to do; but in the community, in later life, the sad combination of his childish mind and his adult years inevitably brings him into conflict with laws, customs, and rules of conduct, all of which have been devised for persons whose minds as well as bodies are those of adults. Thus, we often find the mentally defective dependent upon charity because of their inability to care for

themselves or to provide against adversity; delinquent, because of their inability to understand laws or their failure to control their acts; and sexually immoral, because of their inability to defend themselves from the advances of others or to deal with the problems of their own sexual life as the standards of the community require. Traits which are admired or at least lightly condoned in real children bring these "mental children," whose bodies have grown up, into all sorts of trouble and, not infrequently, these traits make them a menace to the peace and safety of others.

If mental deficiency were a rare condition it would not tax our ingenuity very much to devise means for the recognition and adequate care of all mentally defective persons; and comparatively little harm would result if we neglected the problem altogether. Unfortunately this is not the case. Although we do not know exactly how prevalent mental deficiency is, a number of estimates by those who have had opportunity to make careful observations in different groups of population may at least be taken as guides. These estimates range from 20 in each 1,000 of school children who are demonstrably mentally defective to two in 1,000 of the general population. And many others are so retarded in their mental development that their progress through school is slow and painful and their success in later life problematical. On the basis of the lowest of these figures the number of mentally defective in the United States is estimated to be at least 200,000.

According to the United States Census Bureau, on January 1, 1910, only 20,000 mental defectives were in institutions especially provided for them. Careful mental examination of a large number of persons in prisons, penitentiaries, jails, and workhouses, made during the last few years, shows at least a third of the number examined to be mentally defective, the "mental age" in many cases being that of little children. At this rate it is likely that not less than 40,000 of the 136,472 persons in prisons, penitentiaries, jails, workhouses, and institutions for juvenile delinquents on January 1, 1910, were mentally defective. As only 26 states have public institutions for these cases, provision is generally made for the severer types in state hospitals for the

Causes of Mental Deficiency

Heredity
- Mental defectiveness
- Insanity
- Epilepsy
- Alcoholism
- Syphilis

Congenital defects
- Hydrocephalus
- Microcephalus
- Defects in cerebral substance
- Defects resulting in mental deprivation:
  - Blindness
  - Mutism
  - Deafness

Injuries During Birth
- Fracture of skull
- Compression of brain
- Cerebral hemorrhage
- Asphyxia

Diseases during Infancy
- Acute infectious diseases
  - Scarlet fever,
  - Pneumonia, etc.
- Diseases directly affecting the brain
  - Infantile ecephalitis
  - Meningitis
  - Syphilis
  - Infantile convulsions, et
- Epilepsy
- Malnutrition

Injuries during Infancy

Thyroid Insufficiency

insane—manifestly unsuitable places. In all states the mentally defective are to be found in county almshouses, often greatly neglected and sometimes subject to abuse. But over and above those thus taken care of it is likely that at least 130,000 are unprovided for in any institutions, suitable or unsuitable.

Such facts give some indication of how profoundly mental deficiency enters into questions of poverty, delinquency, immorality, and other social ills. It is unquestionable that the presence in the communities of this country of 130,000 persons who are all children in "mental age" but, most of them, men and women in actual years, constitutes a problem of the first magnitude. We must learn not only how to recognize and to deal with mental deficiency but how to prevent it.

This short review of a few main facts regarding mental deficiency would be strikingly incomplete without some mention of causes. Many causes are capable of injuring the brain during its period of development, but a great mass of evidence is accumulating which leaves little doubt that heredity is responsible for at least as many cases of mental deficiency as all other causes combined—perhaps more. In most such cases one or both parents are feeble-minded, but in many others the parents while of normal mentality come from families in which mental deficiency exists and so, although they themselves escaped, they can transmit the defect to their children. We can prevent inherited mental deficiency only in three ways: by making those capable of transmitting the condition physically incapable of having any children; by segregating them during their lives in special institutions; or by the creation of a conscience in this matter which will not permit an individual with such heredity to marry. The first two methods can be applied only to those who are themselves mentally defective; the third, it seems, is the only one which will ever be applicable to those who are themselves normal but are capable of transmitting the mentally defective strain.

Our specific inquiries as to the method of dealing with the problem of mental deficiency in Springfield may be stated as follows:

1. What is the proportion of mental defectives in the school population?

Heredity and Mental Defect

The descendants of "Martin Kallikak", a Revolutionary soldier (A) his lawful wife and (B) the feeble-minded daughter of an inn-keeper.

(From "The Kallikak Family," by H. H. Goddard)

A

496 direct descendants,
none mentally defective

B

480 direct descendants.
143 feeble-minded,
44 normal
293 undetermined or unascertained.

The normal woman whom he married

"Martin Kallikak" born 1755

The feeble-minded girl by whom he had an illegitimate son.

Deborah Kallikak" born 1889

Normal Male

Normal Female

Feeble-minded Male

Feeble-minded Female

2. What is being done in the schools to detect abnormal mental conditions?

3. What is being done in the schools for the special training of children who are unable to make use of facilities designed for those of average mentality?

4. What is being done for the mentally defective in the community?

5. What practical plans can be adopted for securing adequate care for the mentally defective in the schools and in the community?

1. What is the Proportion of Mental Defectives in the School Population?

THE PUBLIC SCHOOLS. The average attendance in the public schools of Springfield is 7,082. Of this number, 883 are in the high school and 6,199 in the elementary schools. It was manifestly impossible, in the time allotted for this study, to make the large number of examinations which would be required to determine the number of mentally defective children in the public schools of Springfield. It was thought desirable, therefore, to make use of the time at my disposal in examining the children in those groups in which nearly all mentally defective children in the schools are to be found.

The best group for such a study is that constituted by pupils both over-age and slow. At the time of the school survey there were just 1,000 pupils whose progress through the public schools of Springfield has been slower than the normal.* Of course many factors contribute to retardation in the schools. Irregular attendance from many causes, late age at entrance, acute illnesses and convalescence, physical defects, and various unfavorable conditions in the home all interfere with satisfactory progress. That a child is over-age and slow is by no means evidence that he is unable to profit by the teaching methods which prove successful for his fellows; but in most schools, including children in all grades up to and through the eighth, about one in eight of the children who are over-age and slow are found by a careful mental

* Ayres, Leonard P., Ph.D.: The Public Schools of Springfield, pp. 48–54. Springfield Survey, Educational Section.

examination to be mentally defective. It is evident that ordinary methods of instruction are inadequate for the education of such children.

An examination was made of all the children in three typical schools who were both over-age and slow,—one indication of the typical character of these schools being the fact that the per cent of children both over-age and slow in these schools was about midway between the high and the low percentage marks. Twenty-two such children were examined in the Training School, which provides for pupils in the first, second, third, and fourth grades and in which 227 pupils were in attendance in March, 1914, when the school survey was made. Eleven of these proved to be mentally defective.* Two had hemiplegia (paralysis of one side of the body from disease of the brain) and one had hydrocephalus (dropsy of the brain); all three were unmistakably mentally defective. The other 11 (of the 22) children showed sufficient mental retardation to warrant their instruction in a special class had one been available.

The McClernand School is situated in the same ward as the Training School and had 282 pupils in attendance last March. This school provides for children in the fifth, sixth, seventh, and eighth grades. Fifty children both over-age and slow were brought to attention and examination showed that 10 of them were mentally defective. One of these children had been before the juvenile court. Ten other children were sufficiently retarded mentally to require instruction in a special class had there been one.

The Iles School, which provides for the eighth grade and all grades below it, had 415 in attendance last March. Seventy-three children were both over-age and slow. Examination showed that 14 were mentally defective and 18 others were sufficiently retarded to require instruction in a special class. Three of the mental defectives in this school were colored.

Miss Hietman, the school nurse, kindly volunteered to visit some of the other schools and secure data regarding retarded children. She made observations in the Enos, Hay, and Edwards schools and it seemed to her that the proportion of mentally

* No attempt was made to state the formal degree of the mental defect in the cases found to be defective.

Mental Examination of School Children

Results of examination, by Binet-Simon tests, of 1536 school children in New Jersey (H. H. Goddard)

Numerals in black type indicate the number of "normal" and "backward" children. By "Mental ages" is meant the age determined by the Binet-Simon tests.

"The children examined were taken without selection from the schools of a city of 5000 population and from rural districts with the same population.

Actual Ages years	"Mental ages" (years) II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	Number Examined
4	0	1	2	2	3			"Bright" Children (Mental Age 2 or more years more than physical age.					8
5	2	4	8	40	40	16	4						114
6	1	0	3	29	48	69	9	0	1	72 or 5%			160
7		1	2	8	15	114	50	4	3				197
8			2	2	1	87	86	16	12	3			209
9				0	0	27	54	56	58	4	2		201
10					3	15	24	19	124	27	8	2	222
11					1	4	13	25	50	60	12	1	166
12						4	10	13	42	36	39	0	144
13	"Defective" Children Mental age 3 or more years less than actual age 50 or 3.5%					1	5	6	30	19	21	7	89
14							1	1	6	5	4	3	20
15								3	0	1	2	0	6
Totals	3	6	17	81	111	337	256	143	326	155	88	13	1536

defective children in these schools was about the same as in those in which careful mental examinations were made.

The mentally defective children in the Training School, the McClernand School, and the Iles School constituted 3.8 per cent of the number of pupils in attendance in March. Although these schools are believed to be typical, the percentage of mentally defective children in the entire school population of Springfield is probably less than 3.8, for the high school was not considered and the proportion of pupils in the upper classes of the elementary schools examined was less than in all the schools. The number of mentally defective children is, naturally, always greater in the lower grades and decreases quite uniformly with successive years of school life, on account of the elimination of the worst cases and the accumulation in the lower grades of those who can be kept in school but who reach their limit in the acquisition of knowledge at an early age. Moreover, because of a relatively higher death rate among older mental defectives, the proportion of defectives among children is greater than the proportion in all the population. The number of children in the three schools examined for whom instruction in special classes would be desirable is about 7 per cent of the entire enrollment of these schools.

It is to be regretted that it was not possible to make an intensive study of each mentally defective child and his home surroundings. Such a study would have given much interesting information regarding some of the relations existing between mental deficiency and social and economic problems. A few notes gathered may, however, be of some interest.

The parents of several of these children are known by the teachers to be intemperate. One of the mentally defective children in Iles School has a brother at home who was considered an idiot. The father of these children has chronic alcoholism. Both parents of another mentally defective child in this school are intemperate. Two of the mentally defective children examined are cousins; the brother of another one had been a remarkably precocious child and was considered a "prodigy" although he was afflicted with some disease characterized by convulsions from which he died at an early age. One mentally

defective child (a colored child) has two brothers who are excluded from school on account of tuberculosis. The mother of one of the mentally defective children is thought to be insane. One of the children examined had a pathological mental condition characterized by fears. Although such conditions in children are serious and not infrequently are the forerunners of insanity, no treatment had been provided. Another mentally defective child had chorea (St. Vitus' dance).

OTHER SCHOOLS. The Home for the Friendless, an institution supported by private philanthropy, sheltered 80 children at the time of my visit. This institution is intended for those under ten years of age but a few older children are usually present. When the children in this institution reach school age they are enrolled in the public schools of Springfield. During the year preceding my visit three mentally defective children had been sent from this institution to the Lincoln State School and Colony. All the children present at the time of my visit were examined. One was obviously defective and another belonged to that group generally described as "psychopathic children." It was reported at the Stewart School, which the children from the Home for the Friendless attend, that a large number are over-age and slow, a fact bearing out observations made in many other places regarding the mental condition of so-called "institution children."

The Redemption Home, an institution for women, had at the time of my visit, 12 children. All were examined, and one was found to be mentally defective. I was informed that this child was soon to be sent to the Lincoln State School and Colony.*

2. What is Being Done in the Schools to Detect Abnormal Mental Conditions?

This question may be quickly answered by the statement that up to the time of this inquiry practically nothing had been done in Springfield to ascertain the prevalence of mental deficiency among the school population and its relation to retardation in

* See companion report, Charities in Springfield, Illinois, by Francis H. McLean (The Springfield Survey); description of institutional care of dependent children in Springfield, by Florence L. Lattimore.

progress through the schools. Miss Emma G. Olmstead, a critic teacher in the Training School who has undertaken some special work in mental deficiency at Columbia University and at the Lincoln State School and Colony, was able to examine a few school children in Springfield and to grade them according to the Binet-Simon scale. Miss Olmstead has recently severed her connection with the Springfield board of education, but Miss Emma B. Grant, who was Miss Olmstead's assistant, is much interested in backward children and their recognition and train-

SPECIAL CLASS IN AN EASTERN PUBLIC SCHOOL
These mentally defective or retarded children find happiness in learning to do useful work

ing. She has been unable thus far, however, to secure the special training so necessary for effective work in this field.

While no steps have been taken to provide facilities for the recognition and special training of retarded and mentally defective children, many of the teachers are fully informed regarding the work under way in other cities in dealing with these questions and they would welcome the establishment of special classes. While some teachers may very properly regret the necessity of spending upon the retarded and defective children the many

hours of extra time which their condition demands and which could be much more profitably employed in the regular work of their classes, I was deeply impressed with the cheerfulness with which they perform the unnecessary and almost fruitless labor which the presence of feeble-minded children in normal classes entails.

3. What is Being Done in the Schools for the Special Training of Children Who are Unable to make Use of the Facilities Designed for those of Average Mentality?

The answer to this question must be the same as to the one which preceded it; up to the time of this inquiry practically nothing along this line had been done in Springfield.

4. What is Being Done for the Mentally Defective in the Community?

The presence in the schools of mentally defective children for whom no special provisions are made interferes seriously with school work, and undoubtedly normal pupils suffer in various ways from the failure to establish special classes for these pupils; but it can be said that the mentally defective children themselves are often safer and happier in the schools and of less danger to the community than they will ever be in later life. Outside the schools lie the most serious problems of mental deficiency.

Compulsory attendance at school is required by the state law of Illinois from the ages of seven to sixteen years, but permits to leave school for work may be secured after the age of fourteen.* In the absence of a thorough and satisfactory school census it is impossible to ascertain how many children there are in Springfield who do not go to school;† as a result, the truancy work is very unsatisfactory. There is a truant officer who investigates each case referred to him and brings to the juvenile court cases in which a warning is not sufficient to ensure attendance. "Records show that summons or warrants for parents are seldom issued, and when they are and the parents are brought into court the judge almost invariably discharges the cases or at most sen-

* Ayres: The Public Schools of Springfield, pp. 18 and 19.

† Since April, when this study was made, a more satisfactory school census has been taken.

tences the parents to pay a fine and then suspends the sentences."*

The juvenile court was established in 1897. The average number of cases brought before it is about 600 a year. Dependent children as well as delinquents are dealt with by this court, which has jurisdiction over widows' pensions, but it is estimated that at least 30 per cent of the children are delinquents. In 14 cases in 1913, mental deficiency was so noticeable that the condition was mentioned in the records but, nevertheless, not all these children were sent to the Lincoln State School and Colony. All informal complaints against children are made to the probation officer who of course has no training to enable her to recognize mental deficiency. Complaints are made by parents, other relatives, neighbors, the police, school officers, and agents of humane societies, and it can easily be imagined what a wide range of offenses and misdeeds are considered by this court.

The judge of the juvenile court has taken some pains to inform himself on the subject of mental deficiency. He has visited the institutions for defectives and delinquents in the state and has familiarized himself somewhat with the Binet-Simon tests of intelligence. Of course this does not enable him to determine the existence of mental deficiency except of the types recognizable to almost any person; but even if he possessed the training to enable him to make a superficial mental examination he would be seriously handicapped by the fact that the probation officer makes no investigation of the family history of suspected children and is not sufficiently informed to enable her to make enquiries which would bring out important facts in the heredity or early lives of these children. In spite of the fact that wherever there have been careful mental examinations of delinquent children the proportion of mental defectives has been found to be ten or more times as great as in the public schools, the judge of the juvenile court has seldom had a medical examination made.†

* Ayres, p. 19.

† A difficulty in securing such examinations, however, is encountered by the court since there is no provision for paying for them. One physician in the city has made a few examinations free. In the companion report, The Correctional System in Springfield, Illinois, by Zenas L. Potter (The Springfield Survey), changes in the law to allow the judge to secure such examinations at county expense in case parents are not able to pay are recommended.

It is required by law that such an examination shall be made of all cases sent to the Lincoln State School and Colony, but very rarely are other cases examined.

SPECIAL CLASS IN AN EASTERN PUBLIC SCHOOL
For mentally defective or retarded children

I visited the Sangamon County Detention Home which has been established very recently and is under the supervision of the county court. It is a seven-room residence, pleasantly situated. The matron and her assistant have had experience in caring for delinquents in the State School for Girls at Lake Geneva and the St. Charles State School for Boys. At the time of my visit in April, 1914, there were four dependent boys in the detention home, none of whom were mentally defective. But the superintendent, who had been in charge about two months, informed me that two of the three delinquents cared for during that period were, in her opinion, mentally defective.*

Fourteen children were on probation. Their ages ranged from nine to twelve years, and nine of them had committed more than

* For discussion of other features of correctional work among children in Springfield see Mr. Potter's report.

one offense. None of these were examined, but one child was said to be mentally defective.

It would be an error to believe that all mentally defective children or even the majority of them become delinquents. If this were so our institutions for juvenile delinquents would need to double their capacity.

Most of the children who are so obviously defective that they are unable to learn are to be found in their homes or in the institutions for the poor. It was not possible to secure the records of such children in Springfield who are outside the schools, but it is believed that very few applicants have been excluded from school for mental deficiency. With compulsory education very lightly enforced, and with an unsatisfactory school census, it is probable that children with mental defect marked enough for their parents to recognize it are never sent to school at all.* It is estimated that from 10 to 15 mentally defective children have been withdrawn from the schools by their parents or excluded by the board of education during the last school year. Nothing whatever is done for the education, supervision, or training of these children who are denied the benefits of the school system.

A relatively small proportion only of the mentally defective children of Springfield can be cared for in the existing institutions for the mentally defective in the state of Illinois. Each county in the state is entitled to keep a definite number (based upon its population) at the Lincoln State School and Colony. The present proportion for Sangamon County is 23 but there are 37 children from the county in the state institution at the present time. Admission is secured upon application by the county authorities to the State Board of Administration. There has been room for only 17 new admissions during the last five years, so it is apparent that help given this county by the state of Illi-

* A recent experience in Springfield illustrates the difficulty which is sometimes encountered in excluding such children from school. The board of education decided to exclude a mentally defective child nine years of age. The relatives objected and employed an attorney in the attempt to compel the board of education to reinstate the child. The case did not come to trial after the child's record was presented. A mentally defective boy fourteen years of age was recently excluded from the McClernand School and two other children from the Iles School for the same reason.

nois is quite inadequate. At the county poor farm five mentally defective persons—all adults—were found.

5. What Practical Plans can be Adopted for Securing Adequate Care for the Mentally Defective in the School and in the Community?

THE SCHOOLS. The reasons for providing special facilities for the instruction of children who are unable to profit by the methods which are effective in the regular classes are so obvious and are now so generally recognized that it seems desirable to pass at once to the practical question of the organization and administration of such classes. First, it may be interesting to listen to an account of the way *not* to do it, as given by Miss Grace Böhne at the Fourth International Congress on School Hygiene:*

"The principal realizes the need of individual help with many cases. He accordingly chooses from his school a heterogeneous group of children, some of whom are undoubtedly feeble-minded to a marked degree, others that are constant laggards in the grade, and others who have always given trouble in discipline. Of course since 'there are no bad boys' they must necessarily be feeble-minded.

"This group, not less than eighteen or twenty in number, is segregated usually in the most undesirable room in the building. And to cap the climax, the principal places in charge a teacher whose many years of experience and service have neither improved her disposition, her looks, nor her personality,—one whom he gladly eliminates from his grades and whom he would like to dismiss from service altogether, but his hand is stayed by public opinion, for many have known and loved her in her more efficient years, and do not realize that teachers, too, pass their years of useful service.

"She is then placed in charge of this group with little or no special training and less equipment, and admonished to return them to the regular grades as soon as possible. Here undoubtedly is one of the grossest errors, for no teacher, however skillful, can restore to normality the child with definite brain lesions.

"The principal, the teachers, and the public stand back and watch to see the outcome of this venture. Antagonism from parents and the teachers adds to the problem within the room, the teacher finds herself entirely un-

* Böhne, Grace: The Relation of the Special Class in the Public Schools to the Community. Fourth International Congress on School Hygiene. Proceedings, Vol. V, p. 606.

...ician finds his attempt to ... constructive.

... special classes in the public ... improvement, as supervisor ... trained psychologist who ... selective in schools ... diagnosis and treatment. A series ... made of the children in

... Public School

... in which they

... are thought to be suitable ... the average and slow chil- ... number of results for these ... brought to attention who ... classes but who never- ... show their talent in emotional. ... and classification are ... but enlargement and in-

sight. Each child should have at the same time a careful physical examination, especial attention being paid to correctible defects.

With information as to the number of backward and mentally defective children to be provided for, the organization of special classes can be proceeded with. There are several different opinions as to the best means of organizing such classes. In general, it is good policy to place the decision in the hands of the supervisor of special classes and permit her to effect an organization in accordance with her own knowledge of local needs and local difficulties. By some, each special class is regarded as a diagnosis station as well as a place for special training, while others believe that a central class should be established for diagnosis and classification and that the children should be admitted to special classes in the schools most convenient to their homes only after a period of observation in the central class and a fairly accurate estimation of their degree of mental defect and capacity for training.

SPECIAL CLASS IN AN EASTERN PUBLIC SCHOOL
Providing special work for mentally defective or retarded children

The great advantage of the former plan is that each class will have a constant inflow and outflow which tends to prevent the

[illegible] aggressive attitude that sometimes exists in these classes. [illegible] at the same time it adds much to the experience and training [illegible] of the teachers who are to devote themselves to this work. [illegible] the experience of every city in which special classes have [illegible] established that nearly as many children go back from the [illegible] classes to the regular classes after the correction of some [illegible] defect or the use of some special methods of instruction [illegible] remain in the special class during their school [illegible] Those who return to the regular classes are not [illegible] defective, for it is a point not to be forgotten that [illegible] is not a curable condition and that the function [illegible] class is not to attempt to make mentally defective [illegible] so as to fit them to be happier and more useful [illegible] which cannot be removed.

[illegible] in Springfield to establish the first [illegible] the Training School. If that school is continued, [illegible] a diagnosis and classification station and a [illegible] It should contain not more than 15 [illegible] should be assigned to assist the super- [illegible] This class will form a clinic in which those who [illegible] work in classes formed subsequently may be [illegible] the regular teachers who pass through this class, [illegible] a sufficient number will be found who will [illegible] needed for this work and, what is of [illegible] sincere interest in it and its aims which [illegible] work successfully in this field.

[illegible] with special aptitude are developed by this [illegible] necessary training, new classes should be [illegible] be permitted to give up class work [illegible] to the task of closely supervising the [illegible] in the city. Every effort should be [illegible] teachers who take up this work to increase [illegible] Visits to the state institu- [illegible] of the many excellent schools which [illegible] to the subject of mental deficiency should [illegible] to be undertaken at the first

[illegible] by a progressive city needs

no defense at the present time, but failure to do so will soon require explanation, for there are few cities as large as Springfield in which steps are not being taken to organize this work. Some of the results will be immediate and striking and some will be remote but none the less important. Among the first results will be the immediate relief experienced by all the regular classes. Many hours of time which teachers must now devote to pupils with defective brains will be available for the better instruction of normal children. Many children who are not mentally de-

SPECIAL CLASS IN AN EASTERN PUBLIC SCHOOL
In some cases mentally defective children are enabled to return to the regular classes with defects corrected and latent mental resources liberated

fective but who have faulty habits of work, dependent upon early defects of training or physical disturbances, will have their mental processes carefully studied by modern scientific methods and will be enabled to return to the regular classes with defects corrected and latent mental resources liberated. The mentally defective children will be in an environment in which they are not misfits and in which they can be trained to the limits of capacity which their mental defects impose. In some cases they

[illegible] for happier and more useful life in the community; [illegible] they will be fitted for the institutional life which the [illegible] must soon provide for those children who, however long [illegible] can never take up the tasks and responsibilities of [illegible].

[illegible] of the most necessary factors in dealing effectively with [illegible] problem of mental deficiency in the schools is an adequate [illegible] census. Such a census is indispensable as a basis for the [illegible] of the mentally defective and to determine the [illegible] of mental deficiency to truancy and other forms of [illegible] delinquency. In his report on the public schools of Springfield, Leonard P. Ayres urges this, but it seems desirable [illegible] this recommendation from another point of view.*

[illegible] COMMUNITY. The place where the greatest need for [illegible] work in the diagnosis of mental deficiency exists at the [illegible] in the juvenile court. When we remember how [illegible] depends upon the concepts, the control, and the [illegible] of the individual, it seems incredible that many [illegible] children should pass through the juvenile courts [illegible] every year and receive judgment affecting [illegible] life without any serious attempt being made to [illegible] mental condition and its bearing upon the conduct which brought them into conflict with their environment.

[illegible] judge of the Springfield juvenile court, as has been [illegible] the importance of these facts. It is earnestly [illegible] that a competent psychologist be employed to [illegible] all children brought before this court in order that in [illegible] the judge may have trustworthy informa- [illegible] mental development of the child. Only in [illegible] judge know if he is dealing with a person whose [illegible] mental correspond with his actual age or with an [illegible] body is growing up far in advance of his [illegible] coming before this court would [illegible] employment of a psychologist for this specific [illegible] If practicable it is suggested that arrangements [illegible] court can contribute toward the salary

* [illegible] taken since this study was made is [illegible] than those previously taken.

of a psychologist who will supervise the work of the special classes in the schools and also examine cases from the juvenile court.

SPECIAL CLASS IN AN EASTERN PUBLIC SCHOOL
In many cases mentally defective children are trained for happier and more useful life in the community

It is very desirable that not only the supervisor of special classes but every teacher engaged in that work should take part in the civic and social activities of Springfield in which the problem of mental deficiency plays an important part. Mental hygiene concerns itself most of all with the child, and teachers of special classes should all become workers in the field of mental hygiene. They should inform themselves upon the other aspects of the problem which they are dealing with from one point of view, and they should lose no opportunity to inform others. In this way the groundwork of popular education will be laid for general participation in the work of securing adequate provisions for the mentally defective and stimulating the state to undertake effective work for the prevention of mental deficiency.

Every child now in the public schools of Springfield who lives

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to grow up will become a social unit either in the Springfield of twenty years from now or some other community. It has been seen that the feeble-minded become most often a burden or danger to others and that they are prevented by their mental defect from contributing their share toward the common welfare. No other factor can accomplish so much toward changing this outcome as the immediate establishment of special classes in the public schools.

II. THE INSANE

Although the facilities for the diagnosis and treatment of most diseases can be studied and their efficiency estimated with comparative ease, this is not true in the case of mental diseases, for the treatment of the insane depends upon two factors which do not have to be considered in other affections. These factors are, (a) the fact that the person suffering from mental disease is often an unwilling patient for whom it is necessary to invoke the law in order that he may receive the treatment which he requires but does not know that he requires; and (b) the slowly dying popular belief that there is something about mental diseases which renders them essentially different from all other forms of illness. A study of the kind of treatment afforded by a community to those of its residents who are suffering from mental diseases must begin, therefore, with an examination of the laws for commitment. After that the facilities for care pending commitment, the facilities for emergency treatment, the institutional provisions for committed cases, and the provisions for parole, discharge, and after-care must be studied in their turn.

Legal Procedure in Commitment

Illinois is unfortunate in having one of the least useful commitment laws in the United States. Commitments are made after inquests before juries or commissions,—survivals of the harsh practices of the earliest period in the care of the insane,—and practically no safeguards are provided for the welfare of patients during the period in which their mental condition is being determined or during their transfer to institutions for the insane.

The following is a summary of the Illinois laws regarding ɔmmitment:

No person not legally adjudged to be insane, may by reason of his insanity or supposed insanity be restrained of his liberty, except that the temporary detention of an alleged lunatic is permitted for a reasonable time, not exceeding ten days, pending a judicial investigation of his mental condition.

Any reputable citizen of the county in which a person supposed to be insane resides or is found may file with the clerk of the county court a sworn statement that the person named is insane and requires restraint or commitment to some hospital for the insane. The statement must be accompanied by the names of the witnesses (one of whom at least must be a physician having personal knowledge of the case). When the person alleged to be insane has not been examined by a physician, the judge may appoint a qualified physician of the county to make such examination. The hearing of the case may take place with or without the presence of the person affected as circumstances warrant, but not until he has been notified.

Inquests in lunacy must be by jury or a commission of two licensed physicians. When no jury is demanded, and there appears to the judge to be no occasion for it, he must appoint a commission of two qualified physicians in regular and active practice, who are residents of the county and of known competency and integrity, to make a personal examination of the patient and file with the clerk of the court a sworn report of the result of their inquiries, together with their conclusions and recommendations. The commissioners have power to administer oaths and take sworn testimony. In all cases of inquest by jury, the jury must consist of six persons, and one of the jurors at least must be a qualified physician. Inquests in lunacy may be in open court or in chambers, or at the home of the person alleged to be insane, at the discretion of the court. The judge may require all persons other than the patient, his friends, witnesses, licensed attorneys and officers of the court to withdraw from the room during the inquest.

The jury or commission must furnish the court in writing answers to the interrogatories that may be prescribed by the commission of public charities, and certify to their correctness. The interrogatories must be submitted to the medical member or members of the jury or commission by the court.

The court may, if not satisfied with the finding of the jury or commission, set the same aside and order another inquest.

and by conducting hearings in private. Only relatives and witnesses are permitted to be present. When a complaint is made "charging" a person with insanity, the judge issues a warrant and appoints a commission, setting two o'clock in the afternoon for the hearing. This makes it possible to send the patient to the Jacksonville State Hospital by a train which leaves at half past three the same day, thus avoiding the necessity of temporary detention in the county jail. I was informed that, during the term of the present judge, no insane person had been sent to the county jail after commitment; but that in the case of patients brought into Springfield from rural parts of the county and of those who are brought to attention unexpectedly in the city the county jail is used as a place of detention until the court can appoint a commission and hold a hearing. The following table, taken from the records of the county jail, shows to what extent the jail is thus used.

TABLE I.—LENGTH OF DETENTION OF INSANE PERSONS HELD IN COUNTY JAIL ANNEX IN 1913

Days held	Persons	Days held	Persons
23	1	6	6
22	1	5	7
21	1	4	6
12	1	3	12
11	3	2	27
9	2	1	7
8	1		
7	3	Total.....	78

It is seen from the table that 78 persons were held for a total of 350 days or for an average of 4.5 days each.

This practice, whether persons are held either before or after commitment, is most unfortunate, but with the erroneous views held by most people as to the nature of mental disease it is not surprising that it should be permitted. Of course, no one can assert that the confinement of a person with mental disease in a jail is "treatment" in any sense of the word. On the contrary it is distinctly harmful. The jail annex is a two-story building containing six cells. It is cold, dirty, and a most unsuitable place for the care of any sick persons. At the discretion of the county physician, patients may be cared for in this place for

weeks if it is thought that there is a possibility of speedy recovery and that commitment will not be necessary. It is only ignorance on the part of the public of the simplest facts about mental disease that makes such a practice possible. If it were generally known, for instance, that depressed persons who have delusions of unworthiness and self-condemnation acquire confirmation of their false ideas by such a procedure it is likely that a substitute would speedily be found.

Treatment of Early Cases of Mental Disease and those Awaiting Commitment in General Hospitals

The principles underlying modern treatment of acute mental disease are nowhere better stated than in these words by Dr. William A. White:*

"Now, as a matter of fact, the so-called insane are mentally diseased, but, as will be inferred from what has already been said, mental disease and that type of social lack of adaptation to which the law has applied the term insanity are by no means co-equal. All of the so-called insane are suffering from mental disease, but there are many persons suffering from mental disease who get along efficiently in the community, and who are not insane and could not be so designated, while there are large numbers of persons who come within the purview of some other group of officials than those that have to do with the state hospitals, and are therefore designated as something else, who could equally be called insane if their path had led in a little different direction. For example, a large number of the so-called criminals are so merely by accident, for, if they had not happened to have done something which ran counter to a statute, their path would in all probability have led to a hospital for the insane. The same may be said of various other classes which have to be cared for by the public.

"It will thus be seen that the problem of mental disease is a large one and far reaching. It is a problem which has never been adequately attacked from the standpoint of preventive medicine, and yet it is one which economically is of the greatest importance, because no class of people in the community probably cost more in dollars and cents to care for than the so-called insane. As it is at present, however, mental disease goes practically unrecognized, not only so far as our public hospitals are concerned, but so far as a large number of practitioners of medicine are concerned, and

* White, William A.: Dividing Line Between General Hospital and Hospital for Insane. *The Modern Hospital*, March, 1914.

no effort is made to help incipient cases previous to a frank outcrop of symptoms which makes their incarceration necessary. In fact, these people have no place to go, except in rare instances, where they may get intelligent advice, and so the problem is not recognized until it becomes self-evident, and by that same token until the period has passed when treatment might avail.

"These preliminary remarks should make it clear to those who are accustomed to dealing with medical facts that the existence of mental disease should be recognized in a practical manner by admitting people for advice and treatment to the various institutions conducted by medical charity on the same basis as patients are admitted for treatment for other and, in many instances, much less important maladies. And when I say they should be admitted on the same basis as other patients, I mean that the various legal restrictions and disabilities from which they are now made to suffer before they can get anything like adequate treatment, should be removed. As it stands today, the patient who falls down on the street and breaks his leg not only may receive prompt and skillful treatment in a general hospital in the city for the asking, but he is almost taken there willy-nilly, so little is his disinclination to go considered as a possibility. The person who is suffering, so to speak, from a broken mind, however, has no place to go. The general hospitals would not take him if they could, for they have no means to handle such cases if they did, they have no understanding of nor any interest in the problems involved, and there is nothing left for the patient to do but to seek admission through the tedious and humiliating process of the law, which brands him, in addition to his mental disability, with a legal disability before he is permitted to receive relief. What wonder is it that neither the patient nor the patient's relatives seek for the relief until it is too late? What wonder is it that they should draw back and hesitate to ask when their request is granted with such poor grace?

"It is self-evident, therefore, that the mentally sick should be permitted the same rights of treatment for their several illnesses as the physically sick, that they should be accorded the same consideration, and that the hospitals of the various cities should be prepared to receive, care for, and intelligently treat them. The subject of mental medicine, however, is a distinct specialty, and it requires close application and study for years to master its principles, and therefore it is natural that a portion of the hospitals should be set aside for these cases, the wards to be in charge of specially trained psychiatrists just as separate portions of the hospital are set aside for other purposes—medical, surgical, obstetrical, or what not, with their respective specially trained men in the problems involved. This means that somewhere in a city of any considerable size there should be wards specially de-

signed and maintained for the receipt of patients suffering from mental disease. Such wards are usually called psychopathic hospitals. They may be organically connected with the general hospital; they may occupy an isolated position at some distance from the rest of the institution; they may be separate institutions altogether, or they may be constructed separately, but in association with the other buildings of a large general hospital.

"Which of the several plans suggested above is the most desirable is almost always a matter which has to be considered on the merits of the local situation. Our American cities, with their rapid patchwork growth, often present problems that make any solution necessarily a compromise. The ideal arrangement, it would seem to me, is for the city to have a municipal hospital located not too near the heart of the city and not too far away to be accessible, but on ground sufficiently extensive, not only for the present purposes of the hospital, but for all reasonable future growth. The plans of such an institution should include a psychopathic ward.

"The advantages of such an arrangement are manifold. In the first place, the patient goes primarily to the big municipal hospital; he goes to the medical ward if he has pneumonia, he goes to the surgical ward if he has appendicitis, and he goes to the psychopathic ward if he has mental disease. He feels in this environment the influence of the hospital atmosphere, he is where he belongs, he is in an institution conducted for the care of sick people, and this feeling would be doubly strong if the municipality in its wisdom could be induced to withdraw the disabling legal preliminaries. Then, again, his relatives feel more at peace about him when he is here in this big hospital than they would if he were legally committed to an insane asylum. The municipality is, on the face of it, endeavoring to treat a sick man, and not simply to shut up a crazy one. It is the logical, the humane approach, and not the legal, disabling method of turning the back to a disagreeable problem and locking the door."

At present the general hospitals of Springfield not only fail to make special provision for this class of sick persons but they withhold treatment if the condition is known at the time application is made. The Springfield Hospital has refused all mental cases and St. John's Hospital will take a person suffering from mental disease only if the physician in charge of the case will employ a special nurse and assume all responsibility. Alcoholic cases are admitted under exceptional conditions. Nevertheless there are not a few patients in the yearly admissions to each of these hospitals who might be treated with advantage in a psychopathic ward if one were provided. St. John's Hospital,

with a capacity of 250 beds, had 3,800 admissions during the last year and among these patients were 200 with some form of nervous disease. It is planned to increase the capacity of this hospital by the addition of a wing containing eight beds. If a small ward for each sex could be set apart for the treatment of mental cases, the annex of the county jail could be abandoned for this purpose and an exceedingly important step toward providing treatment for any person who fell ill from any cause in Springfield would thus be taken. Two units, each consisting of a small dormitory for four patients and three single rooms with service rooms attached, situated in a portion of the hospital which could be isolated from other wards, would provide the facilities needed. In such a ward not only cases of mental diseases but alcoholics and patients with delirium from any cause could be treated with great advantage.

It is useful to review the admissions from Sangamon County to the Jacksonville State Hospital during the last year with reference to the purpose which such a psychopathic ward could have served. The following list gives the diagnoses in the 108 cases committed to that institution:

Dementia præcox	30
General paresis and other psychoses depending upon syphilis	22
Conditions depending upon mental deficiency	10
Manic depressive psychosis	8
Senile psychoses	6
Epileptic psychoses	6
Psychoses depending upon organic brain disease	6
Hysteria	2
Infective exhaustive psychosis	2
Other psychoses	9
Unclassified	6
Not insane	1
	108

One patient was admitted to each of the following institutions: Kankakee State Hospital, Watertown State Hospital, Elgin State Hospital, and Peoria State Hospital.

It can be seen that many types of mental diseases, including some of the most acute and curable, were represented in these admissions. The patient who was considered "not insane" had a tumor of the brain with some excitement. He should never

have been sent to a hospital for the insane as he could have been cared for equally well in the wards of a general hospital. Another case of this kind was that of a young man in Springfield who had inflammation of the middle ear (a rather common affection) and suddenly developed acute meningitis. Because he showed marked restlessness as one of the symptoms of his disease he was committed to a hospital for the insane.

PAVILION F
A department of the Albany City Hospital in which mental diseases are treated on the same basis as all other illnesses

The first psychopathic ward in connection with a general hospital to be established in this country was "Pavilion F" of the Albany (New York) City Hospital which has been in operation twelve years. During the year 1913, 341 persons were admitted, the average stay in the pavilion being 23 days. Fifty per cent of all cases admitted recovered or were discharged improved in spite of the fact that many were received in a critical condition. Any city can secure the same results by the establishment of similar provisions. The service which such a ward renders to the hospital is scarcely less important than its service to those with mental disease.

There is no essential difference between certain forms of what

we term "insanity" and the delirium which accompanies many of the acute illnesses or is part of the terminal stages of certain organic diseases. The treatment of delirium cannot be carried out satisfactorily in the general wards of a hospital and the measures taken to quiet such patients often have far more reference to the welfare of those disturbed by them than to the welfare of the delirious patients themselves. All this is changed when a psychopathic ward is provided, for a problem which seriously affects the work of the hospital is solved by the simple and effective treatment which can be carried out by physicians and nurses who have special experience and are provided with a few special facilities.

IN THE SANGAMON COUNTY ALMSHOUSE
Cells in the basement used for insane persons

INSTITUTIONAL PROVISIONS

SANGAMON COUNTY FARM. On March 1, 1914, there were 222 inmates of the Sangamon County Poor Farm,—201 males and 21 females. Six men and four women were said to be insane but I ascertained that at least 18 of the inmates were insane. There

were besides, five inmates who were mentally defective. The insane patients are locked in cells at night,* but during the day they are allowed the liberty of the grounds and most of them assist in some of the work.

The facilities for the care of the insane in this county almshouse are no better or worse than those of the average institution of this type. Ignorance of the complex disorders from which these patients suffer and lack of appreciation of the requirements of the care of the insane are simply the usual attributes of those who are permitted to have insane patients in their charge without adequate personal training and skilled medical supervision. Some idea of the environment in which these patients pass their lives may be gained from the following quotation from the 1911 official report of the Illinois State Charities Commission.† While some changes in the conditions described below have occurred since 1911, those that persist are sufficiently unwholesome to show this almshouse to be an unfit place in which to care for the insane. The quotation follows:

> The Sangamon county almshouse is a brick building, with basement, first, and second floors. It is about fifty years old. . . . The walls are so old that the paint peels from them. . . . A fire would spread rapidly. . . . Ten insane men were caged in the basement on the east side of the house. . . . All the rooms are bare. Each room has several cots. An insane man shared a room with a man who was sick in bed. An insane woman shared a room with a feeble-minded woman and a sane woman. A man with palsy, who is entirely helpless, lay in bed in a filthy condition; and, as his whole body shook, he moaned that the bugs made him sick when they bit him. Opposite him in an adjoining room is a deaf, dumb, and insane boy, who is constantly attended by one of the inmates.
>
> There is no night watchman. The bath tubs are used by all kinds of patients with communicable diseases and by the other inmates who are especially susceptible to such diseases because of their low vitality.

* This statement, made to Dr. Treadway by the superintendent, on his visit to the Almshouse in April, was changed by the superintendent in a public statement in December, indicating at that time that patients were locked in cells only occasionally "as a matter of discipline."—[ED.]

† Illinois State Charities Commission. Second Annual Report, 1911, pp. 497, 498.

Asylum Care vs. Hospital Treatment

How the long days are spent

Idleness and solitude (a County Asylum)

Occupation and companionship (a State Hospital)

> When I made the inspection it was very warm, but many windows were down because the old people got cold sitting with nothing to do. There is no provision made for artificial ventilation.
>
> The presence of nineteen insane at the almshouse is to be deplored.

The report of the State Charities Commission for last year shows that there were 280 insane cases in the county almshouses of Illinois. The 19 reported by the Charities Commission to be at the Sangamon County Poor Farm constituted 6.4 per cent of the total number although the population of Sangamon County is only 1.5 per cent of the population of the state.

It seems needless to state here the reasons which make almshouses unsuitable places for the treatment of mental diseases. The great advances made in the treatment of the sick have been slow to extend to those suffering from mental diseases, but new standards in the care of the insane spell the early doom of almshouse care in this country. As long ago as 1845 Miss Dorothea Dix, who spent her life in improving the conditions of the insane, said in a report to the legislature of Pennsylvania that almshouses were unfit places for them and that they "never can be made suitable places for the reception and treatment of the insane." Nearly seventy years have passed since then and, while there are still a number of states which permit this to continue, in others, though there is no statutory prohibition, public sentiment will not tolerate such neglect, and many states have laws distinctly forbidding the care of the insane in almshouses.

A recent report of the United States census shows that the number of insane persons in almshouses January 1, 1910, was 3,518, a decrease of 4,914, or 58.3 per cent, since January 1, 1904. It can be safely predicted that before many years it will be as rare to find the insane in almshouses in this country as it is today to find them confined in jails.

Apparently all that Springfield can do to lessen the number of insane persons in the Sangamon County Poor Farm is to demand that a fair proportion be received in the state hospitals; at the same time, to try in every way to secure legislation which will provide accommodations in the state hospitals for all the insane of Illinois now confined in almshouses; and ultimately to secure a statute which will absolutely prohibit almshouse care

DOROTHEA LYNDE DIX
1802–1887
A woman who was instrumental in delivering thousands of the insane from the degradation and misery of the almshouses

for these patients. Twenty additional beds in the Jacksonville State Hospital which could be provided at a total installation cost of not more than $10,000 would give proper treatment to that number of citizens of the county for whom skilled treatment and nursing has been absolutely lacking, and would make it possible to tear out and burn the cells which are relics of a former age and of a lower conception of our duty to the sick than that which should exist today.

THE STATE HOSPITALS. When a commission or a jury in Springfield has declared patients insane the judge commits them to the Jacksonville State Hospital unless for special reasons commitments are made to other state hospitals or the relatives desire patients sent to private institutions. The law requires that the persons who take female patients to a state hospital must be of the same sex, exceptions being made only in the case of a husband, brother, father, or son, but it does not authorize the state hospital to send nurses for cases. The latter practice is extremely desirable but in Illinois and in too many other states the atmosphere of trial and conviction must be carried to the very doors of the hospital in order that the ancient and mistaken conception of insanity as crime and not a disease may be adhered to. There is not the slightest necessity for a sheriff or a police officer to perform this duty, and positive harm not infrequently results. The experiences which patients are undergoing at this time are often the most distressing of their lives. They are usually unable to recognize the true significance of what is being done, and unnecessary accentuation of the police features of commitment and transfer to hospital often colors their entire hospital life, erecting an additional barrier between them and the doctor and nurses who are to conduct their treatment and bring about, if possible, the correction of false ideas.

Ordinary common sense would tell a father not to call upon the police for aid in taking an unwilling child to a hospital. It is quite apparent that such a course would be the one best calculated to make a child resist treatment. But in the case of those whose judgment and perception are already distorted by mental disease and whose hope of recovery sometimes depends most of all upon their co-operation with the doctors and

nurses in the hospital, we make use of just this measure. In several states it is expressly provided by law that nurses from the hospitals shall be sent for all cases to be transferred. Among the advantages of this practice is the fact that such nurses are often able to make valuable observations regarding the social and economic conditions of patients and their heredity. They can gather important data from relatives and neighbors as to certain symptoms which the patients have presented and they can sometimes secure information which throws light upon the causes that have brought about mental disease.

The only way in which the citizens of Springfield can aid in securing the authority for this means of transfer is to try to secure the necessary state legislation. In the absence of such a statute, it would seem within the province of the county court to employ nurses for this purpose or it would be a worthy and creditable function for a philanthropic agency. The work done by the Illinois Society for Mental Hygiene in caring for cases in Cook County is a conspicuous example of what can be accomplished by resourceful and experienced workers in this field.

When a patient from Springfield is safely admitted to one of the state hospitals for the insane, the direct responsibility of the community for his welfare is discharged, for the time. I have tried in this report to describe the methods which the community employs for providing treatment during the earliest, and in some ways the most important, stages of mental illness; for the detention of patients whose commitment is pending; and for their transportation to the place of continued treatment. One cannot review these methods without feeling that they contrast very sharply and very unfavorably with those employed in Springfield for extending prompt and effective medical treatment to those who fall ill with other disorders. Some of the causes for this difference are not easily remedied; and indeed, any efforts to do so would be blocked by a commitment law which is not in accord with modern ideas regarding the nature of mental diseases and the needs of the insane. I believe, however, that ways have been pointed out of making material improvements in the way the community discharges its duties towards its insane,

and it can be said that the procedures suggested do not involve any new or untried principles, nor do they require the enactment of any new laws.

Parole, Discharge, and After-care

There remain to be considered the needs of patients discharged or paroled from the state hospitals for the insane, when the city must again assume a certain responsibility for their welfare and for their rehabilitation in their homes and in the community. Before being formally discharged from the state hospitals patients are usually allowed to leave upon a parole of three months. At the expiration of this period a new order of commitment is usually necessary if a patient is to be returned to the hospital, although the county judge may issue such an order upon the old verdict if he is satisfied that the patient is still insane. A patient who is discharged from a state hospital must be provided with suitable clothing and a sum of money not exceeding $20 to defray his expenses to his home. This sum is charged to the patient if a private patient; otherwise, it is charged to the county. When notified that a patient has been discharged as "cured" the county judge must enter an order restoring the patient to all his rights as a citizen, and if a conservator of his estate has been appointed the conservator must be removed.

When the superintendent of the hospital deems it necessary he has authority to detail a staff physician or other suitable person to visit the home of any patient before his discharge and to advise with the family as to the care and occupation most favorable for the patient's continued improvement. Such visits may be made at any time after discharge or parole. Thus the law provides very well for the establishment of an effective system of "after-care," as this supervision and help after discharge has come to be termed, but at present the state provides no funds for the employment of physicians or nurses for this duty.

On March 1, 1914, there were 14 patients on parole in Springfield. The number of patients who return to Springfield every year from the Jacksonville State Hospital is about 70. About 20 of these patients are considered by the hospital authorities to have recovered; about 40 have not recovered but have im-

proved sufficiently to enable them to return to their homes; and the remaining 10 are removed by their relatives for one cause or another without any improvement having occurred. Most of these patients would be greatly benefitted by some kind of well-directed help in their attempts to regain or preserve their health and to re-establish themselves in the community.

After-care work has been carried on long enough in this country to demonstrate the efficiency of several different methods of procedure. In New York state it was begun by a philanthropic organization, the State Charities Aid Association, which through its many committees in various parts of the state was enabled to do such excellent work. The state hospitals gradually took most of it over, acting still in co-operation with these local committees and other social agencies. In Illinois and Connecticut, state societies for mental hygiene have undertaken after-care work in various parts of the state. In Minnesota and Wisconsin after-care work is carried on by paid workers employed by the state hospitals.

No better description can be given of the way in which philanthropic agencies can co-operate with the state hospitals in this work than the following quotation from a recent article by Miss Elnora E. Thomson, superintendent of the Illinois Society for Mental Hygiene:*

"For instance, one of the first patients to come under our care was a woman, paroled that year after having been in a hospital five years, and not yet entirely recovered. She was very advantageously placed in a home where there was complete understanding of her needs. Now no longer mastered by her delusions, she has shown remarkable control of herself during the past year, even under much stress and strain. During this period of parole, she had been, and now is, self-supporting. As the state was receiving nothing for her support, which is reckoned at $16 a month, the economic value to the taxpayer is self-evident.

"That a larger number of our patients would become more successful economically, there is no doubt, if we could give them more training and direction. The problem is now met in many ways, some a trifle unusual. For instance, in one case we are trying the experiment of placing out one patient with another.

* Thomson, Elnora E.: Illinois Opportunity for Preventive Work in Mental Hygiene. *The Survey*, October 17, 1914, pp. 68–69.

"A very nice woman, who has recovered after treatment for some months in a state hospital, was anxious to secure the release of another patient not entirely recovered, but normal in many ways and not a menace to herself or others. She was willing to give this other patient a home and a small wage. As the physician who had cared for them both was in accord with the plan, it was put into operation and for more than two months has been most satisfactory.

"The establishment of a connection with the Kankakee State Hospital, whereby a physician from that institution meets paroled patients in our office the first and third Wednesday of each month, has helped the patients and their friends materially. It is now possible for a patient to be discharged or re-paroled without a return to the institution. This is a saving of both time and money, for the trip requires the greater portion of a day and an outlay of $2.16 for each person. We have reason to believe the other hospitals, receiving patients from Cook County, would be willing to make a similar arrangement; but with our present force we cannot undertake any new work. All the hospitals ask us to investigate home conditions when they are doubtful as to the care the patient may receive if paroled, and they are guided in the parole by our report.

"We have had from the first the hearty co-operation of the State Board of Administration, State Charity Commission, and the superintendents and staffs of the various state hospitals. Our after-care work could not have succeeded otherwise, for they know the needs. We have endeavored to meet them in so far as possible with our limited force. We are assured that the needs of the work will be forcefully presented to the next Legislature, and every indication points toward a substantial appropriation."

Any practical plan for undertaking after-care work in Springfield would require co-operation between the physicians of the Jacksonville State Hospital and a committee organized especially for social service in this field. A few persons willing to interest themselves in this work could very informally unite in a Committee for Mental Hygiene and become affiliated with the Illinois Society for Mental Hygiene.* Such a committee should constitute the rallying point for all those who are dealing with one phase or another of mental diseases and mental deficiency in the community. It should include in its membership representatives of important agencies in Springfield, and physicians,

* Those interested in the subjects discussed in this report may secure additional information, pamphlets, etc., by writing to the National Committee for Mental Hygiene, 50 Union Square, New York City.

clergymen, business men, teachers, and others who would welcome an opportunity for service in an important humanitarian field which thus far has been practically neglected. It would be especially desirable to have the county judge and the judge of the juvenile court upon the committee. A social service nurse who has had experience in an institution for the insane should be employed at once in order that systematic after-care work could be undertaken as the first step.

As a rule, no sooner is work of this sort begun than the urgent need is felt for a clinic to which mental cases may be referred for diagnosis or advice and to which paroled cases can be brought for examination. This need has been met in a number of places by arrangements whereby the nearest state hospital can furnish a member of the medical staff to hold such a clinic at stated intervals in a room furnished for this purpose by the local general hospital or even by a school or a charitable society. In some states these clinics are held regularly in a number of towns in the vicinity of the state hospital. The Danvers State Hospital in Massachusetts, for instance, holds clinics regularly in the towns of Salem, Lynn, Gloucester, Newburyport, Lawrence, and Haverhill. Social service nurses employed by the state or supplied by local committees for mental hygiene aid in the work of such clinics and a large number of persons with mental diseases receive skilled treatment which could be provided in no other way. The greatest variety of cases comes to these clinics and not the least valuable result is the close relation established between the community and the hospitals for the insane.

Although the natural starting point in the activities of such a committee, after-care work should be by no means the only activity. This agency should seek to be of practical service in every phase of the social and civic life of Springfield into which the problems of insanity and mental deficiency enter. A complete transformation of the methods employed in the care of the insane pending their commitment was brought about in Cook County by the splendid work of the Illinois Society for Mental Hygiene in co-operation with the county court. In Springfield, too, a Committee for Mental Hygiene could nearly eliminate the harsh features of the administration of the commitment law

of Illinois. The work of the juvenile court could be greatly aided by the intelligent and sympathetic help which could be rendered and the special classes for retarded and mentally defective children in the schools should find effective support in such a committee. There is a gap between the insane and the rest of the world which the present ideals of service require to be bridged. There is no more effective way of doing this in any community than through the work of such an agency as has been described.

III. ALCOHOLICS

The problem of alcoholism, like the problems of mental deficiency and insanity, enters into several different phases of a city's activities. Without being itself a crime, alcoholism is an important cause of crime, and the law has to be invoked in order to prevent the alcoholic from being a source of danger to himself or to others. A prolific cause of disease, alcoholism itself often becomes such a formidable disease that the most skillful treatment is required in order to preserve life. In including a brief inquiry into the methods employed in Springfield in dealing with alcoholism the purpose was not to ascertain how drunkenness was managed as a menace to the peace, to examine the work done to promote the cause of temperance, or to study the relation of alcohol to various social questions, but it seemed desirable to inquire into the facilities for the treatment of persons suffering with alcoholic diseases.

The institutional treatment of the alcoholic habit is an enterprise which a city the size of Springfield could hardly be expected to undertake. There are in this country very few public institutions for the treatment of inebriety, and most of these, like hospitals for the insane, are conducted by the state. Illinois has not yet undertaken to provide state care for alcoholics and other inebriates. The provision of one or more state farm colonies for the treatment of inebriety has been proposed but there is no evidence that this project is to be taken up in a practical way by the legislature. The most that a city like Springfield can do is to provide for efficient treatment of those suffering from acute alcoholic diseases.

The exact number of arrests in 1913 in which drunkenness was the direct contributing cause is not known. The records show 726 arrests for drunkenness, 126 for drunkenness and disorderly conduct, one each for "drunkenness and fighting," and "drunkenness and threats," and two in which the charge was "drunk and demented." In all there were 856 arrests in which drunkenness was specifically charged. In addition to these there were 842 arrests for disorderly conduct, 84 for vagrancy, and 73 for begging, in many of which cases drunkenness was probably the direct contributing cause of arrest.

In such a large number of intoxicated persons there are certain to be many who are in need of immediate treatment, especially when it is remembered that threatening symptoms often follow the sudden withdrawal of alcohol which arrest involves. There is a rule that the city physician must always be called when an intoxicated person is unconscious upon being placed in a cell. This sound practice, which is now being followed in many places, is due to the many distressing results which followed placing unconscious persons in cells without very careful medical examination.

Fractures of the skull have often passed unnoticed and many persons with apoplexy or unconsciousness from poisoning have died from lack of treatment because some patrolman has assumed that alcohol was wholly responsible for the person's condition. If the arrested person is not unconscious he is treated according to some general direction left by the city physician. Cases of delirium tremens and other forms of alcoholic delirium are sent to the county jail annex. It is reported that 88 persons arrested for alcoholism developed delirium tremens last year and were treated in the annex. Three died. The recovery of the others could not be attributed very largely to the treatment they received for no nursing is provided and whether patients are up or in bed depends upon their own inclination.

The details as to the length of time and number of persons suffering from acute alcoholism held in the county jail annex are shown in the table on the following page.

TABLE 2.—LENGTH OF DETENTION OF PERSONS SUFFERING FROM ACUTE ALCOHOLIC DISEASES IN COUNTY JAIL ANNEX IN 1913

Days held	Persons	Days held	Persons
12	1	5	15
11	1	4	11
10	6	3	11
9	2	2	10
8	7	1	6
7	7		
6	11	Total	88

Thus it is seen that 88 persons were held a total of 450 days, or for an average of 5.1 days each.

During my visit I saw one case of delirium tremens who was obviously very ill, wandering around a dirty and untidy cell. The patient was filthy and was so much clouded mentally that he had no appreciation of his whereabouts. Under the insanity law of Illinois that man was a suitable patient for treatment in a state hospital for the insane; he certainly required far different care than that which he was receiving. There is but one place in which the public treatment of acute alcoholic diseases can be carried out successfully and that is in the wards of a general hospital. The provision of a psychopathic ward in St. John's Hospital, as suggested in the part of this report relating to the insane, would make it possible to care for cases of alcoholism in accordance with the best modern methods. The practice of confining persons with delirium tremens or with grave alcoholic diseases in the annex of the county jail is a method not in accord with the humanity and civilization of such a city as Springfield and, in my opinion, it should be abandoned without delay.

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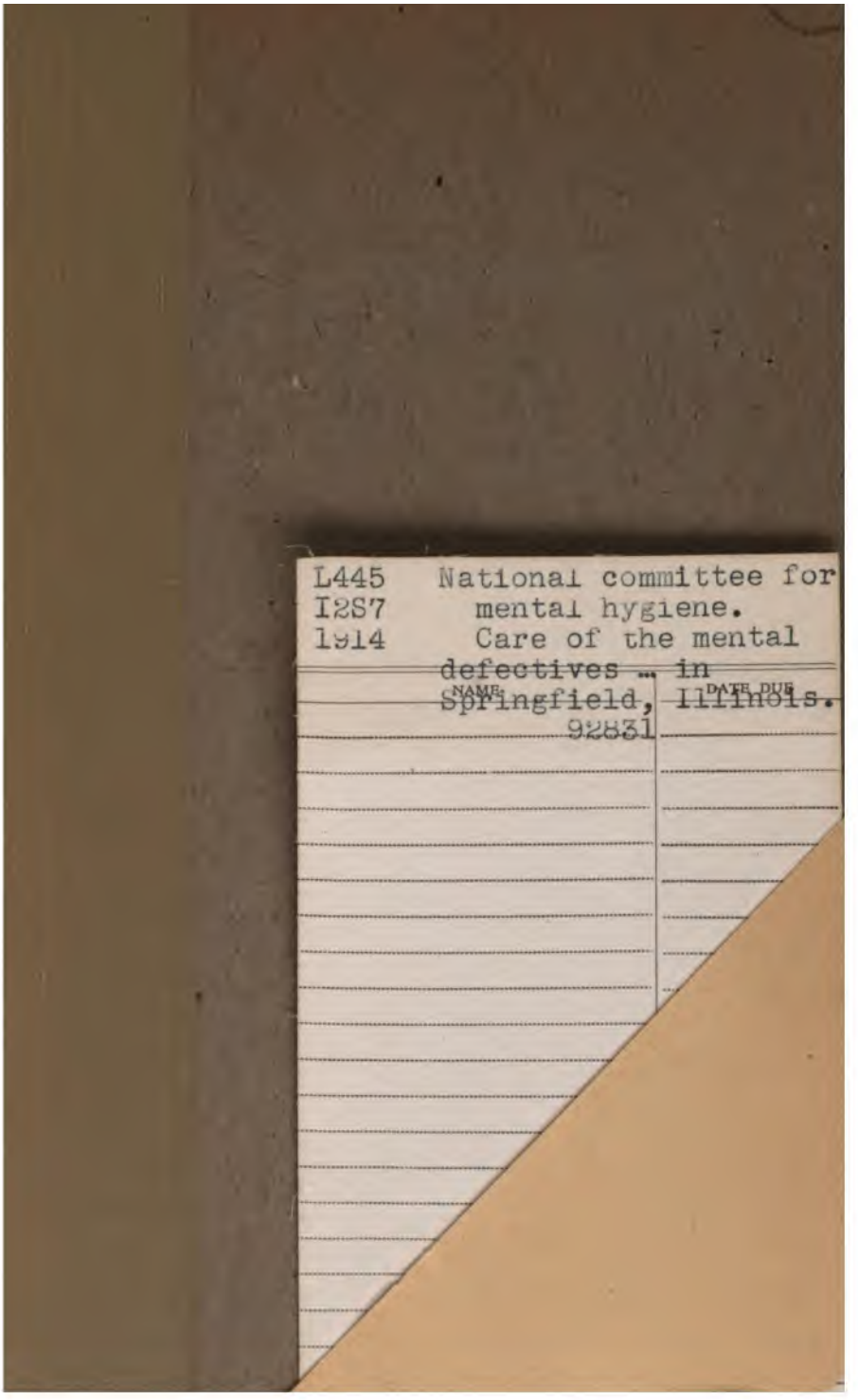
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